

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm T. Andrews

Town *Forestville* County *Pr. George* MARYLAND

Died at *Forestville*

Date of death *1907* Month *Sept* Day *10th* Age *71* Years *10* Months *9* Days

Sex *Male* Color or Race *White* Birth-place *D.C.*

Occupation *none* Where Residing if not at place of death *Washington D.C.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Wm T. Andrews* Father's Birthplace *St Louis.*

Mother's Maiden Name *Annie Andrews* Mother's Birthplace *Germany.*

Name of person giving information *Wm T. Andrews* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Spasms.* How long *all his life.*

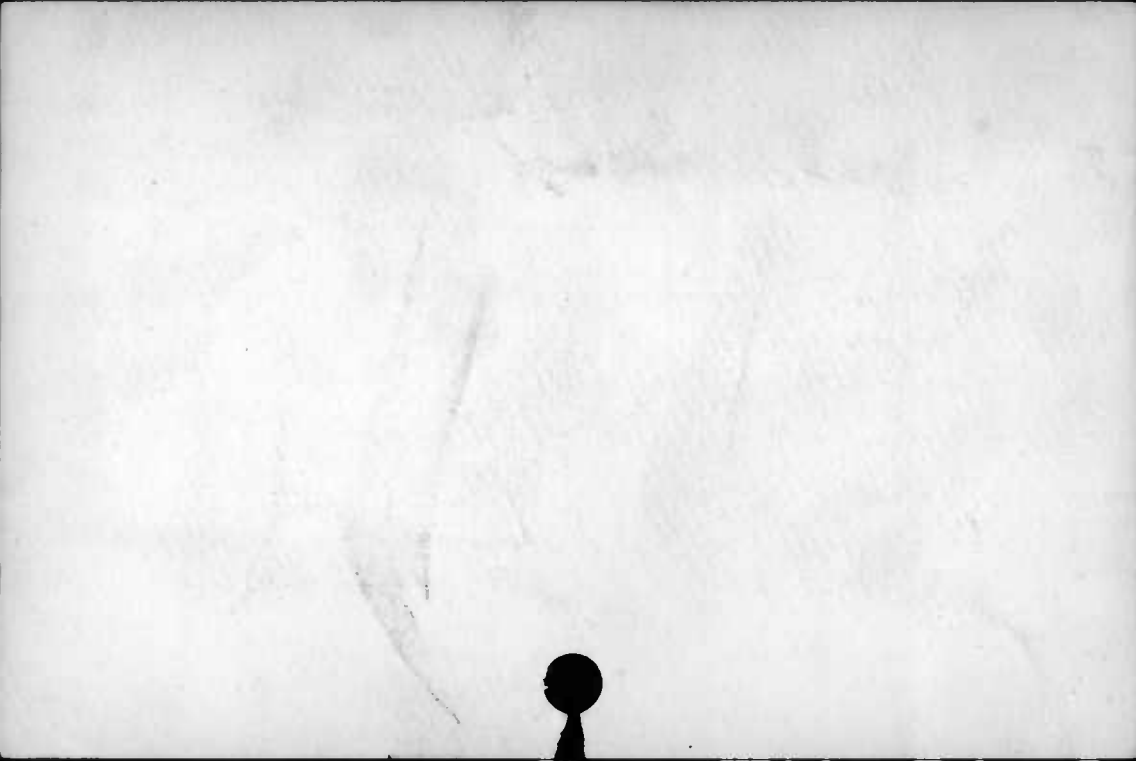
Immediate *Spasms.* How long *1 hr.*

Are the name, age, sex, color, date and place correctly given above? *To the best of my knowledge.*

Signature of Physician *John E. Sansbury M.D.*

Address *Forestville, Md.*

Accident or Suicide? *Neither*



Name
in
Full

Maud A. Barnette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Seat Pleasant Md

County

Date of death 1907

Month

Sept

Day

23

Age

Years

37

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

W. Va

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

W. M. Barnette

Father's
Birthplace

W Va

Mother's
Maiden Name

Margaret Barnette

Mother's
Birthplace

W Va

Name of person giving
In formation

Homer Barnette

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Chronic parenchymatous Nephritis

How long

6 Mos.

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

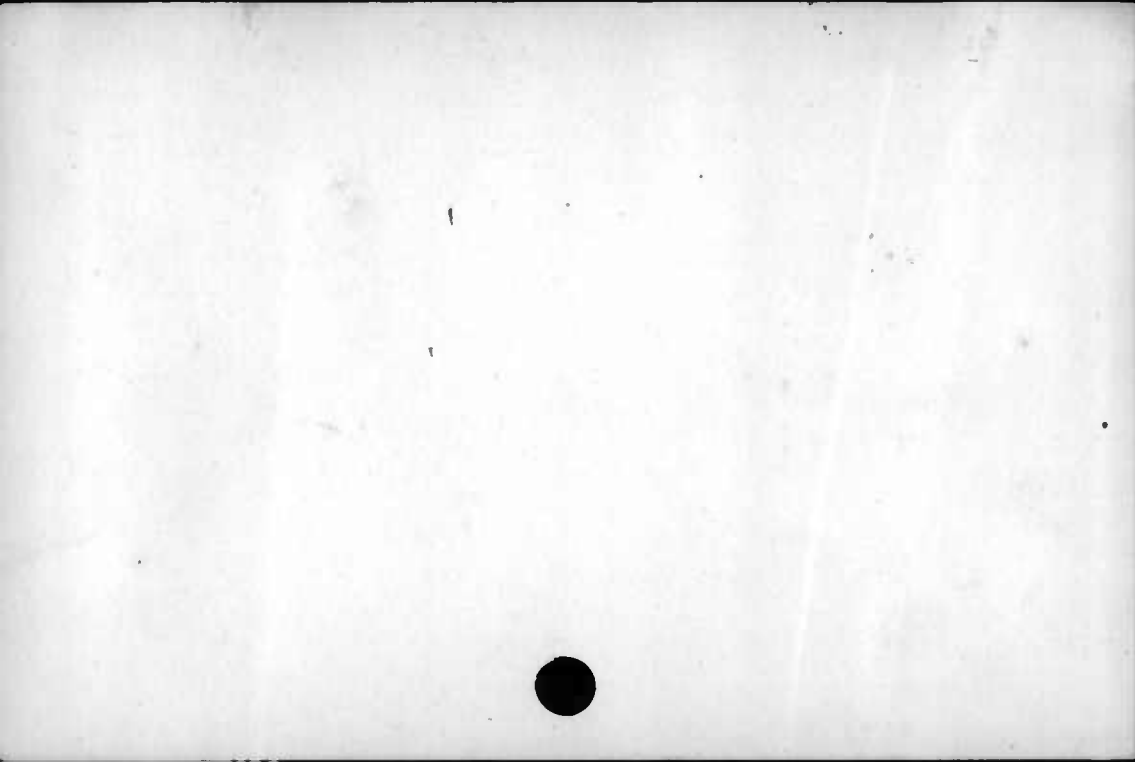
yes

Signature of
Physician

Address

J. Kemp
4339 Ch NW
Washington D.C.

Accident or Suicide?



Name
in
Full

Francis D Brashers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

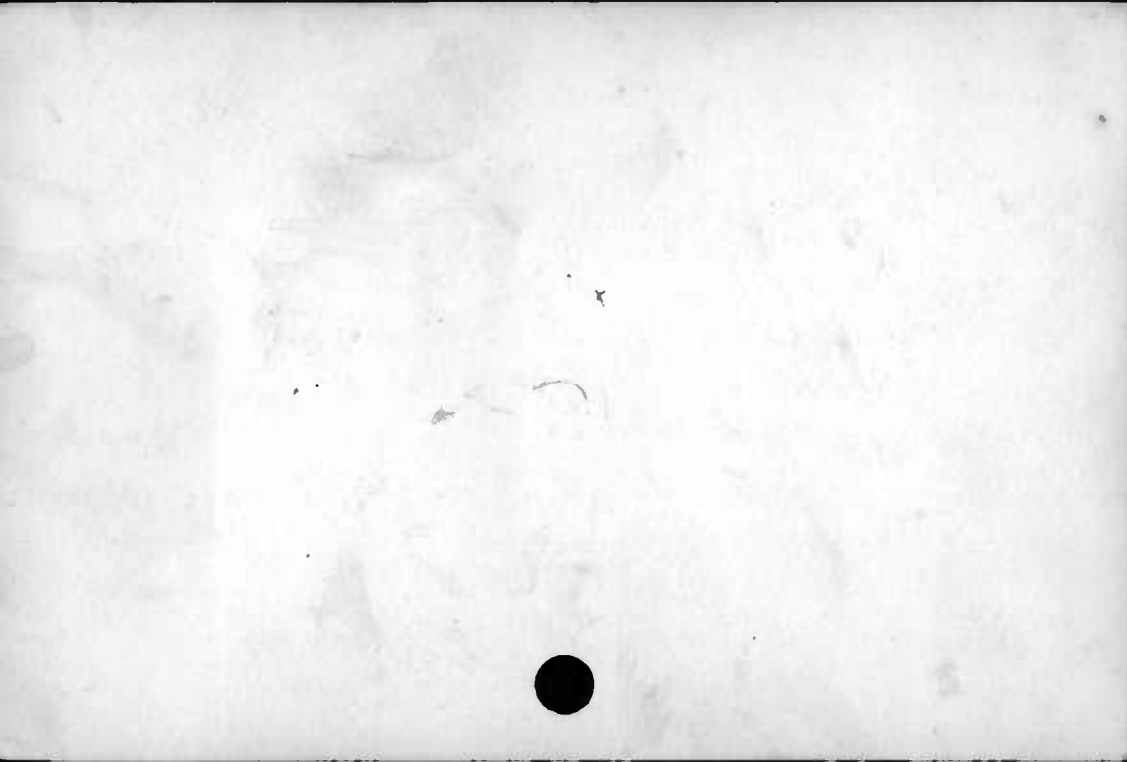
Died at <i>Trustville</i> ^{Town}		<i>P. G.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>9</i> ^{Month}	<i>13</i> ^{Day}	<i>5</i> ^{Years}	<i>5</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married , Single <i>single</i>			Name of Wife or Husband		
Father's Name <i>Seath A Brashers</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Elizabeth Lowe</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Seath A Brashers</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>Since</i>
Immediate <i>Nervousness</i>	How long <i>Birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Sanborn</i>
	Address <i>Trustville P. Gles</i>
Accident or Suicide? <i>neither.</i>	



Name
in
Full

Rosie May Brown.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Sept.	15	Age 24		13	
Sex	Female		Color or Race	White		Birth-place	Takoma Park Md
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles Brown				Father's Birthplace	Md	
Mother's Maiden Name	Mary E. Brown				Mother's Birthplace	Md	
Name of person giving information	Mary E. Brown				How related to deceased	brother.	

CAUSES OF DEATH

Primary	Phthisis	(27)	How long	1 year
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Alfred Harrison, Takoma Park, D.C.		
Accident or Suicide?				

John R. Hought. Co.

1337 10th Str. N. W.

Wash. D. C.

to be burned Wash. D. C.

Name
in
Full

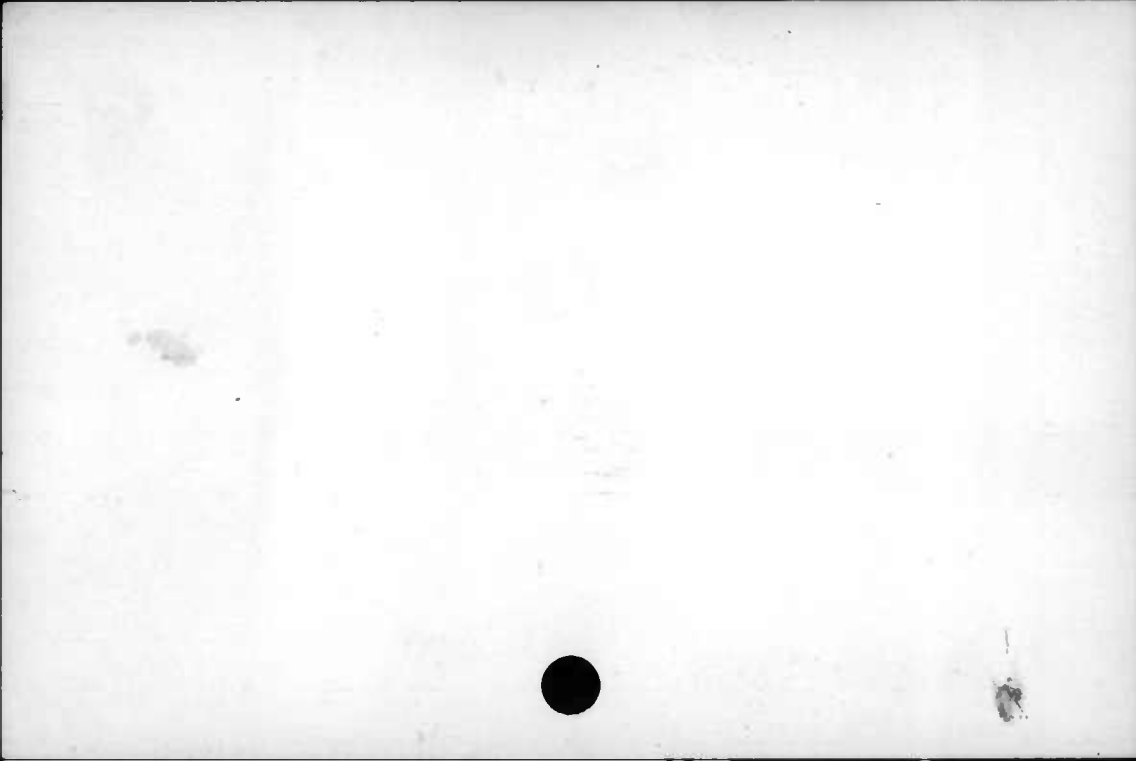
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Samuel</u> ^{Town}		<u>Prince George's Co.</u> ^{County}		MARYLAND	
Date of death	1907	Month	9	Day	26
Age	48	Years	4	Months	8
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Gen. freight Manager R.R.		Where Residing if not at place of death 1710 N. Charles St Balt.		
Married, Single or Widowed	Married		Name of Wife or Husband Unknown		
Father's Name	Unknown		Father's Birthplace Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace Unknown		
Name of person giving information			How treated and deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Drug Addiction -	How long	15 yrs
	Immediate	Exhaustion	How long	6 weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Morphine habit		No	
	Accident or Suicide?		No	
Signature of Physician		Jesse Coggins		
Address		Samuel Maryland		



Name
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CERTIFICATE OF DEATH

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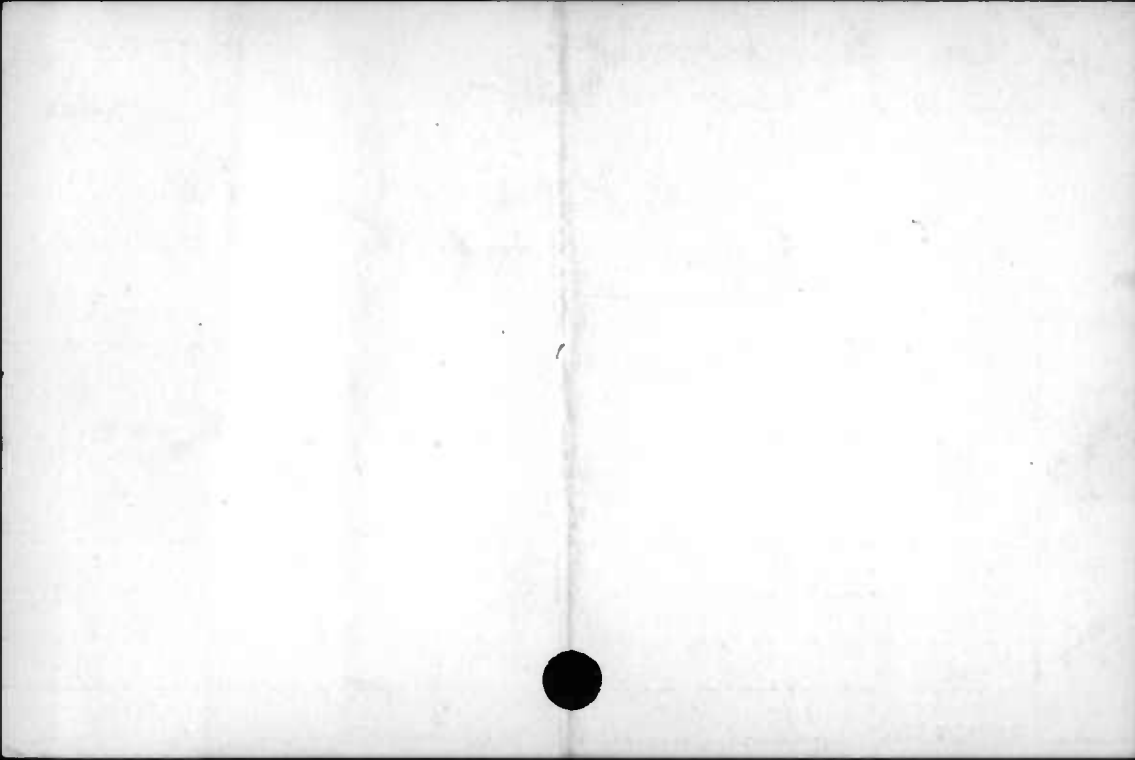
Name in Full <i>John E. Chappell</i>		Town <i>Gladstone</i>		County <i>D.C.</i>		State <i>MARYLAND</i>	
Died at <i>Gladstone</i>		Month <i>Sept</i>		Day <i>9</i>		Years <i>89</i>	
Date of death <i>1907</i>		Month <i>Sept</i>		Day <i>9</i>		Age <i>89</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Dr. Chappell</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>2 days</i>
Immediate <i>Coma</i>	How long <i>17 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. D. Owell</i>
	Address <i>Springfield Ind.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John R Carnish*

Died at *House of Reform* **County** *R. Co.*

Date of death *1907* **Month** *Sept* **Day** *4* **Age** *13* **Months** **Days**

Sex *Male* **Color or Race** *Colored* **Birth-place** *Baltimore Md*

Occupation *Inmate* **Where Residing if not at place of death**

Married, Single or Widowed *Single* **Name of Wife or Husband**

Father's Name *Unknown* **Father's Birthplace** *Unknown*

Mother's Maiden Name *Unknown* **Mother's Birthplace** *Unknown*

Name of person giving information *J. B. Pyle Supt* **How related to deceased** *None*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* **How long** *2 years*

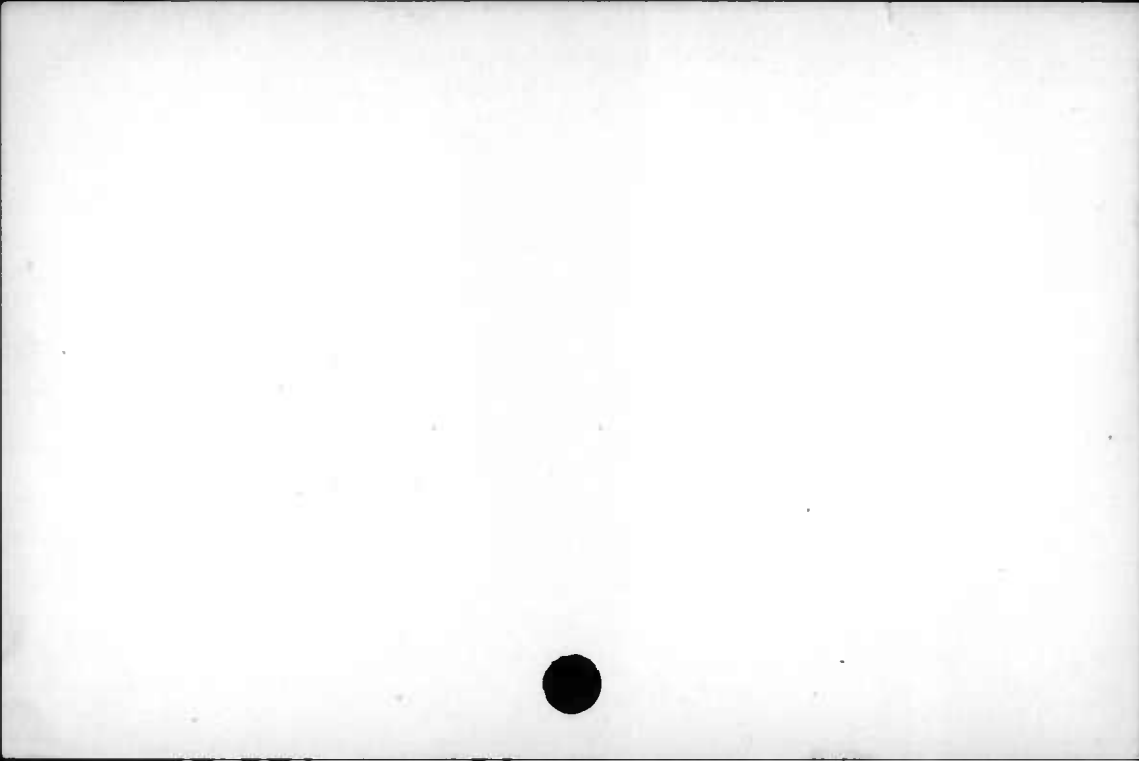
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. H. Hibbs*

Address *Crown Md.*

Accident or Suicide?



Name
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Full

CERTIFICATE OF DEATH

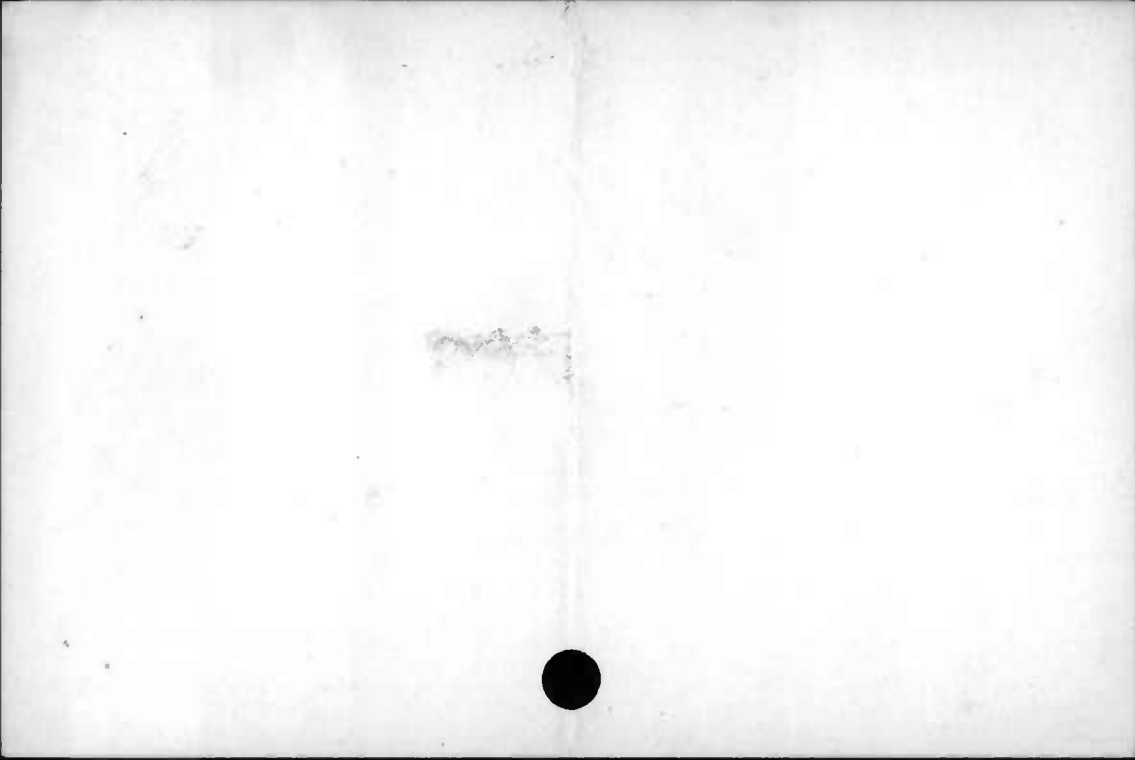
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brook</u> Town		County <u>Pr. Co.</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Sept</u>	Day <u>9</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Brookmore</u>		
Occupation <u>Driver</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Reuben Crook</u>	Father's Birthplace <u>P. Co. Md</u>		Mother's Birthplace <u>P. Co. Md</u>		
Mother's Maiden Name <u>Antie Walker</u>	Name of person giving information <u>—</u>		How related to deceased <u>—</u>		

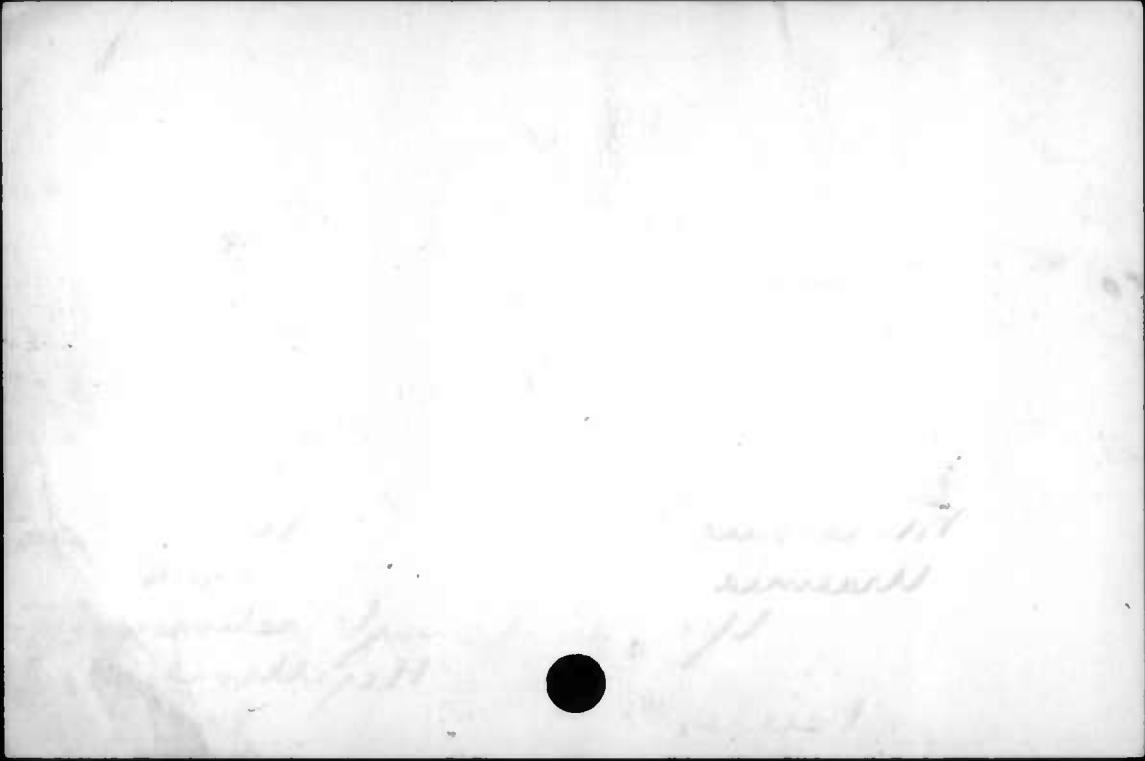
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Born dead</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>Wm. Duval M.D.</u>
<u>9</u>	Address <u>Springfield Md</u>
Accident or Suicide? <u>—</u>	



Name in Full Lula Diggs		Town Pr Geo		County Pr Geo		CERTIFICATE OF DEATH	
Died at Arvon Stn		Month Sept		Day 21		Years 24	
Date of death 1907		Months 21		Days 24		MARYLAND	
Sex Female		Color or Race Colored		Birth-place Ind			
Occupation House Girl		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Diggs		Father's Birthplace Ind					
Mother's Maiden Name Marrick Young		Mother's Birthplace Ind					
Name of person giving information Rubt Diggs		How related to deceased brother					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH				(120)	
Primary Bright's Disease		How long Donk / 1/2 hr					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. H. Gibbons					
		Address Arvon Ind.					
Accident or Suicide?							



Name
in
Full

Ellenor Jane Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

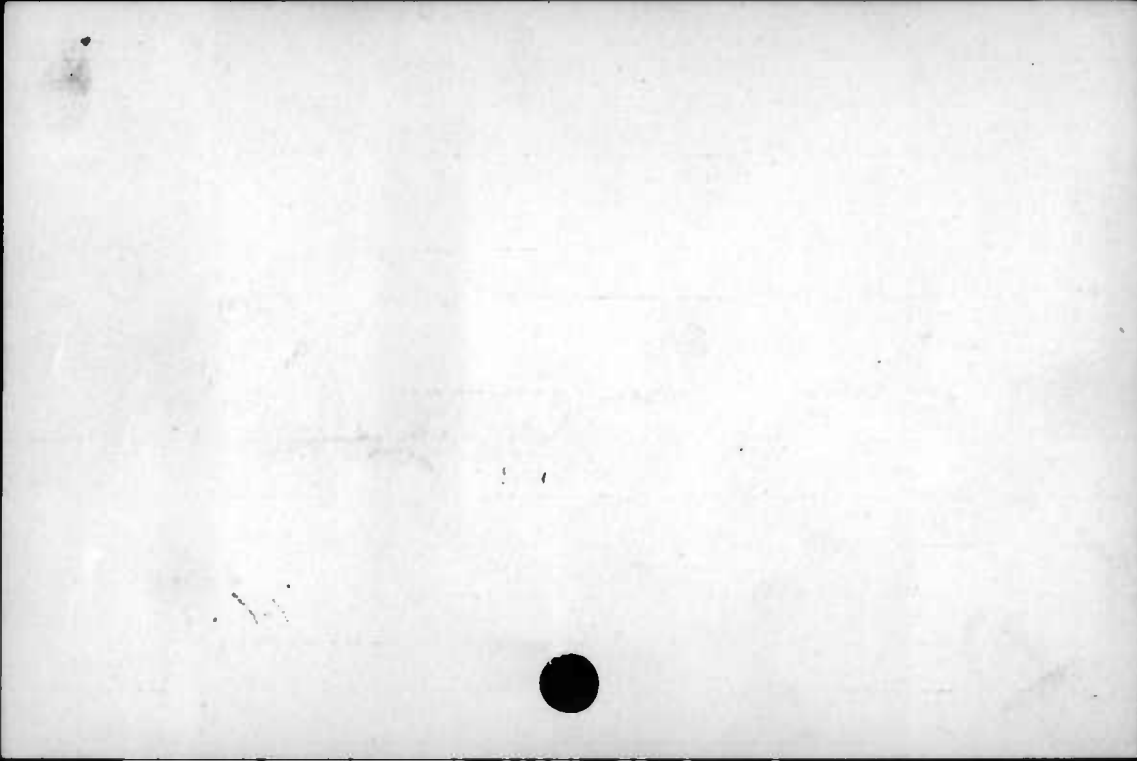
Died at		Town Hyattsville		County D. C.		MARYLAND	
Date of death	1907	Month Sept	Day Sunday	Age	76	Months	Days
Sex	Female		Color or Race	White		Birth- place	Baltimore Md
Occupation	at home			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Thomas H Dutton			
Father's Name	Joseph Lane				Father's Birthplace	Boston Mass	
Mother's Maiden, Name	Ann Maria Willis				Mother's Birthplace	Md.	
Name of person giving information	Lidia, B. D. Fox				How related to deceased	Daughter	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	1 year
Immediate	uraemia	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Dr. J. H. Stratmer		
Address	Hyattsville Md.		
Accident or Suicide?	Neither		



Name in Full James Gray		Town Brandywine		County P.G.		CERTIFICATE OF DEATH	
Died at Brandywine		Month Sept		Day 21		Years 1	
Date of death 1907		Months 6		Days 		MARYLAND	
Sex Male		Color or Race Colored		Birth-place P.G.			
Occupation None		Where Residing if not at place of death 					
Married, Single or Widowed Single		Name of Wife or Husband 					
Father's Name Wm Gray		Father's Birthplace P.G.					
Mother's Maiden Name Maggie Hawkings		Mother's Birthplace P.G.					
Name of person giving information George Dairs		How related to deceased Cousin					
		CAUSES OF DEATH		105			
Primary				How long			
Immediate Illis Colitis				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician W. H. Sibbons			
				Address Croon, Md.			
Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cedarvale</u> Town		<u>P.G.</u> County		MARYLAND	
Date of death <u>1907</u> <u>9</u> Month		<u>20</u> Day	Age <u>0</u> Years	<u>11</u> Months	<u>20</u> Days
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Ind</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Walter W Grimes</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Violetta Smith</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>W.W. Grimes</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Manasmus - Gastro Enteritis</u>	How long <u>2 weeks</u>
Immediate <u>Commissions</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John A. Coe</u>
	Address <u>Z.B.</u>
Accident or Suicide? <u>9</u>	<u>Ind</u>

Name
in
Full

Annie Lena Baker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Mr Laurel* County *Polk* *George* MARYLAND

Died at *Mr Laurel*

Date of death 1907 Month 9 Day 13 Age 2 Years Months Days

Sex *Female* Color or Race *White* Birth-place *Polk Geo.*

Occupation *Child* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Henry A Baker* Father's Birthplace *Howard Co.*

Mother's Maiden Name *Elizabeth Patton* Mother's Birthplace *Howard Co.*

Name of person giving information *Henry A. Baker* How related to deceased *Father*

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

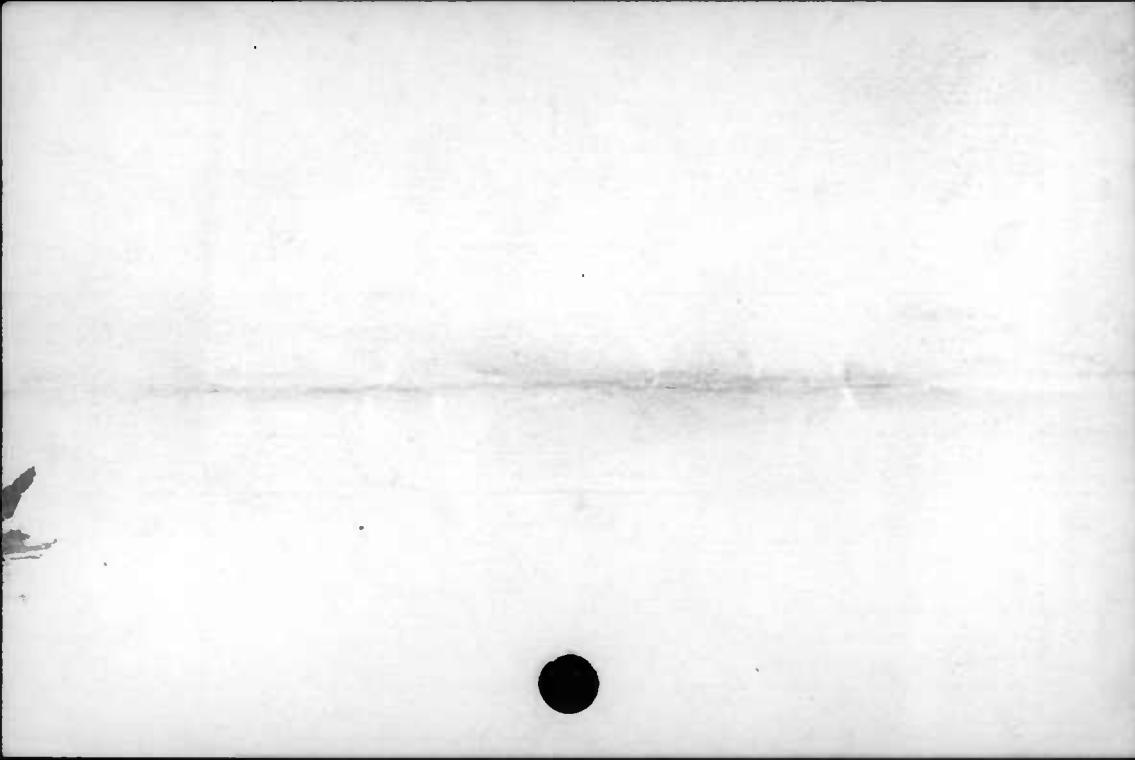
Primary *Intestinal Obstruction* How long *36 hrs.*

Immediate *Convulsions* How long *2 1/2 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. R. Hunt* Address *Laurel Md*

Accident or Suicide? *9*



Name
in
Full

Mary E Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

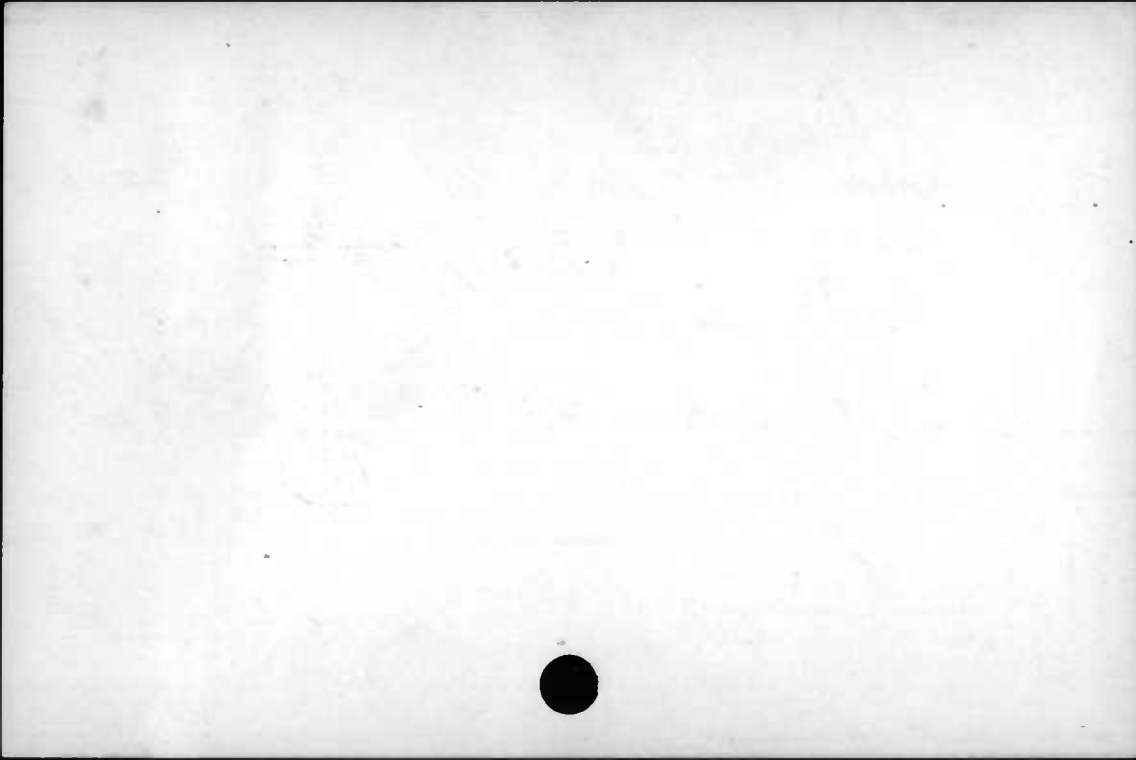
Died at		Town <i>Bowie</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death		Month <i>7</i>	Day <i>27</i>	Age		Years <i>9</i>	Months <i>4</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William N Harrison</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Fairfax</i>		Mother's Birthplace <i>District of Columbia</i>					
Name of person giving information <i>Wm N Harrison</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Malignant Tumor</i>		How long <i>5 months</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Nelson A Ryan M.D.</i>	
		Address <i>Bowie Md</i>	
Accident or Suicide? <i>no</i>			



Name
in
FullJames Nelson Hubert.
Town Laurel County Pr. Geo.

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1907 9 29 Age 82 Months 4 Days 11

Sex Male Color or Race White Birth-place Harford Co.

Occupation Hotel Proprietor Where Residing if not at place of death Laurel

Married, Single or Widowed Married Name of Wife or Husband Rachael Hubert

Father's Name Francis Hubert Father's Birthplace Ireland

Mother's Maiden Name Sarah Forward Mother's Birthplace Harford Co.

Name of person giving information Miss Lema Stutchfield How related to deceased Niece.

CAUSES OF DEATH

91

Primary Chronic Bronchitis How long 34 years

Immediate General Debility How long 6 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. R. Hunt

Address Laurel Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Francis Hoffman*

Died at *Amendale* Town *Pr. Geo. Co.* County *Pr. Geo. Co.*

Date of death *1907* Month *Sept* Day *12* Age *97* Years Months *3* Days *8*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Teacher at Amendale* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Geo. Hoffman* Father's Birthplace *Germany*

Mother's Maiden Name *May Reinhardt* Mother's Birthplace *Germany*

Name of person giving information How related to deceased

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary *Perihosis of the Liver* How long *9 mo*

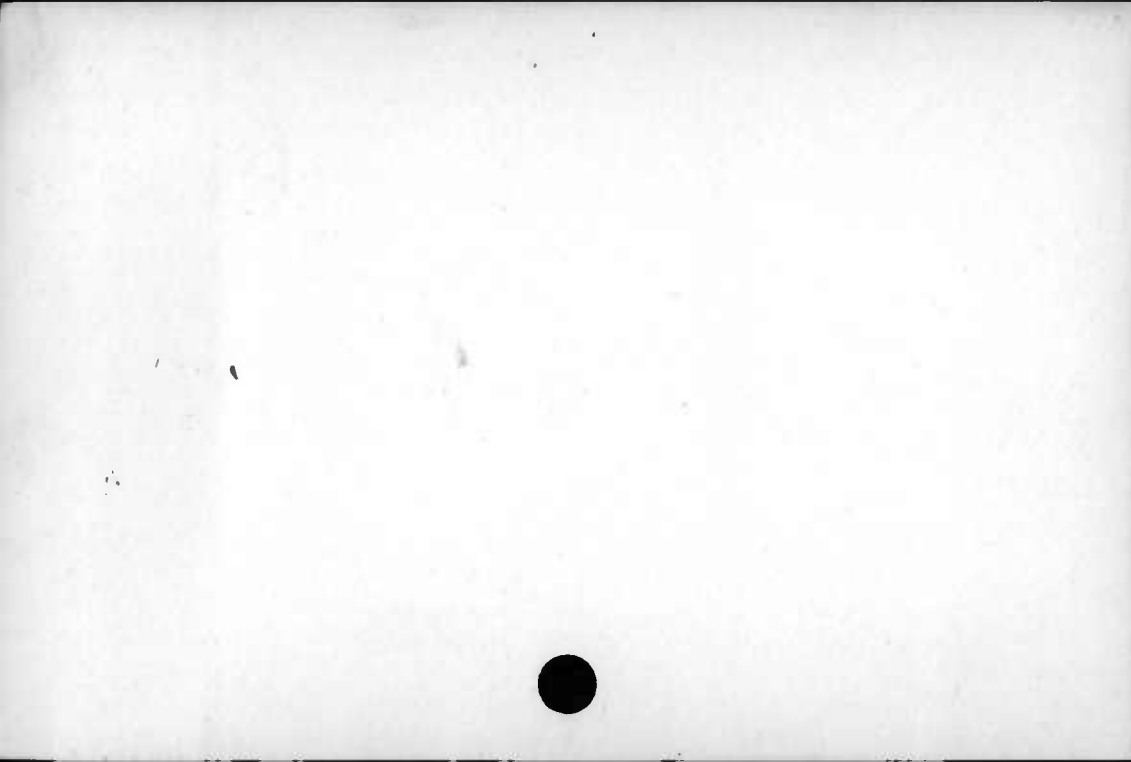
Immediate *Weakness + Prostration* How long *3 wks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *C. C. Fox*

Address *Beltsville Md.*

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

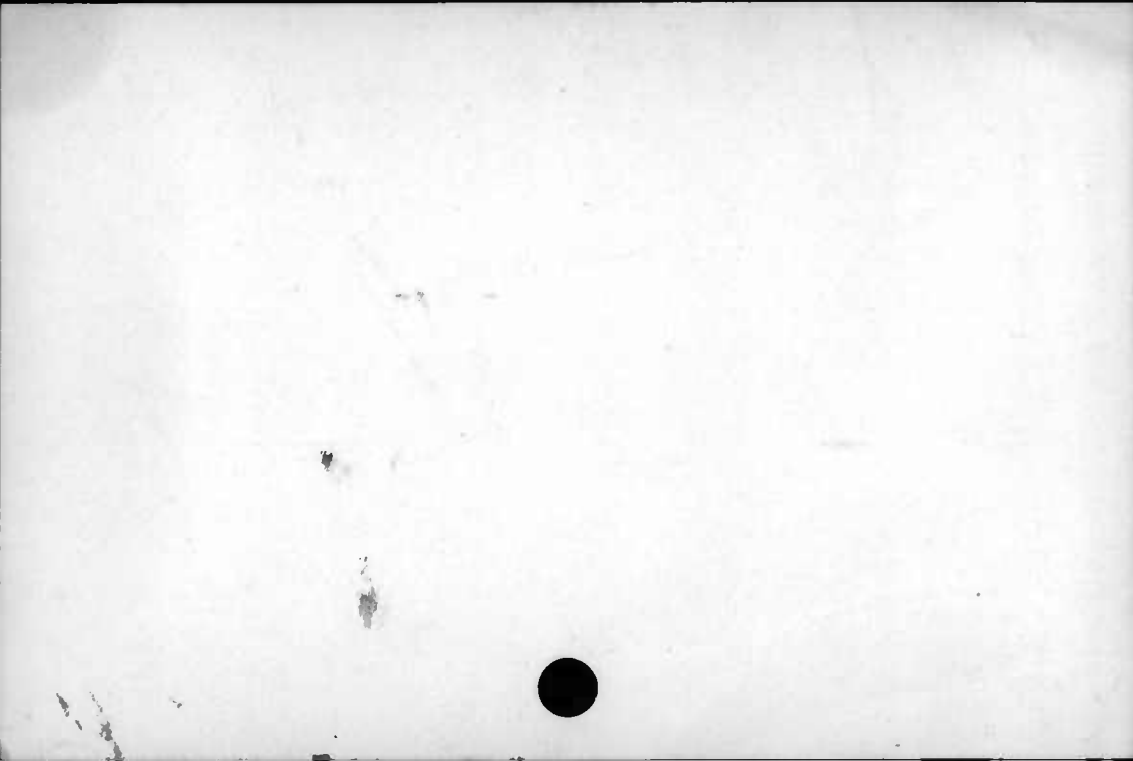
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Hood,</i>		Town <i>Laurel</i>		County <i>Prince George's</i>		State <i>MARYLAND</i>	
Died at		Month <i>September</i>		Day <i>5</i>		Years <i>88</i>	
Date of death		Month <i>September</i>		Day <i>5</i>		Years <i>88</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married Single <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Hood,</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Stuart,</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Martha A Volk</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	<i>(45)</i>	How long <i>Four years</i>
Immediate <i>Exhaustion</i>		How long <i>Indefinite</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes,</i>		Signature of Physician <i>D. W. Jones, M.D.</i>
		Address <i>Laurel, Md.</i>
Accident or Suicide? <i>—</i>		



Name
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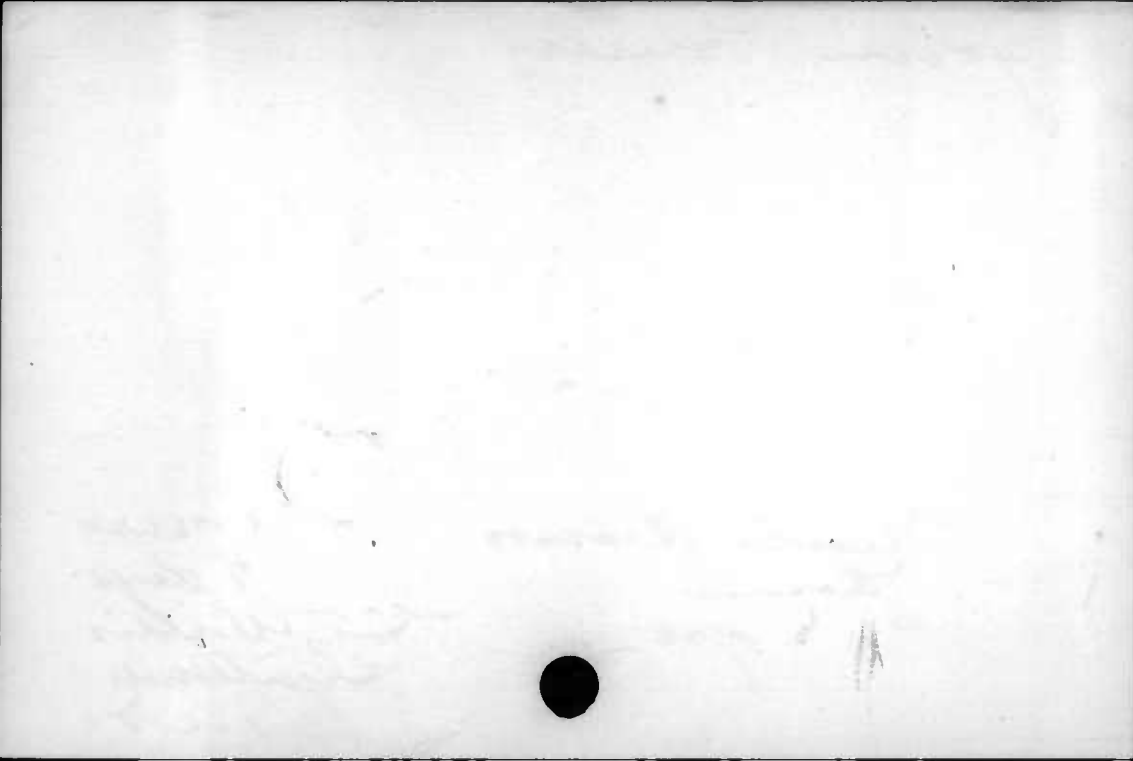
Name in Full <i>Effie Hopkins</i>		Town <i>Laurel</i>		County <i>Pr. George</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1907 9 22</i>		<i>15 9 22</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pr. Geo. Co.</i>			
Occupation <i>School Girl.</i>		Where Residing if not at place of death <i>Laurel Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>J. J. Hopkins</i>		Father's Birthplace <i>Pr. Geo. Co.</i>					
Mother's Maiden Name <i>Elizabeth A. Sullivan</i>		Mother's Birthplace <i>Pr. Geo. Co.</i>					
Name of person giving information <i>Washington Sullivan</i>		How related to deceased <i>Uncle.</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>18 mo.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Smith</i>
	Address <i>Laurel Md.</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

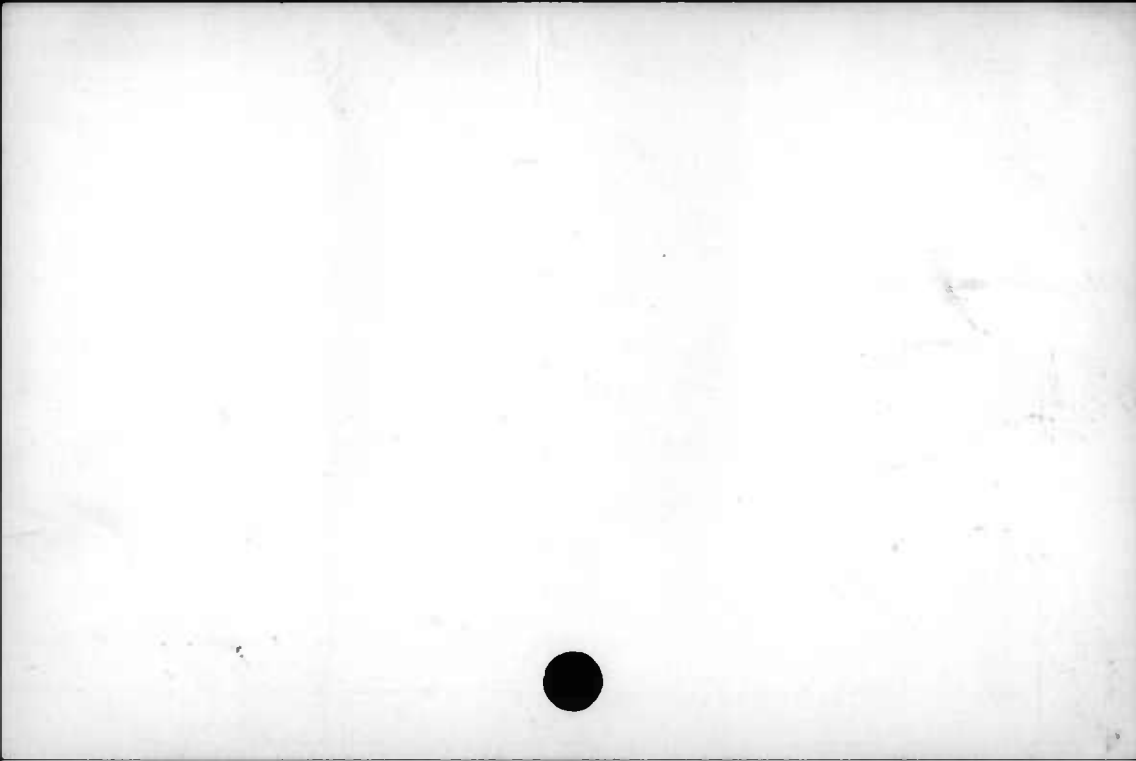
Died at <i>Hyattsville</i> Town		<i>Prince Geo.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>17</i>
Age	<i>56</i>	Years		Months	<i>—</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth place	<i>Richmond Va.</i>
Occupation	<i>Dealer in feed</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Clara R. Smith</i>		
Father's Name	<i>Michael Hurley</i>		Father's Birthplace	<i>Ireland</i>	
Mother's Maiden Name	<i>Elizabeth Sullivan</i>		Mother's Birthplace	<i>Ireland</i>	
Name of person giving information	<i>Clara R Hurley</i>		How related to deceased	<i>wife</i>	

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>3 years</i>
Immediate	<i>coma</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. T. Willis</i>
<i>yes</i>		Address	<i>Hyattsville, Md.</i>
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Birth-place *W. Va. U.S.A.*

Occupation *Student* Where Residing if not at place of death

Married, Single or Widowed	Name of Wife or Husband
-------------------------------	----------------------------

Father's Name George L. Jackson

Father's Birthplace *Am. Indian*

Mother's
Maiden Name *Anne Swensen*

Mother's Birthplace *P. G. C. C.*

Name of person giving information *Asst. Dir. R. E. Evans*

How related to deceased *Brother*

CAUSES OF DEATH

27

Primary *Mycobacterium Pulmonale*

How long
12 months

Immediate *W. T. Tinsley*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A6610



Name
in
Full

Georgia Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Lebanon Station* *Prine* County *Georgia*
 Date of death *1907* *Sept* *1st* *15* Years *15* Months *15* Days
 Sex *female* Color or Race *(Coloured) Black* Birth-place *Md*
 Occupation *at home* Where Residing if not at place of death *✓*
 Married, Single or Widowed *Single* Name of Wife or Husband *✓*
 Father's Name *Henry Johnson* Father's Birthplace *Md*
 Mother's Maiden Name *Alice Johnson* Mother's Birthplace *Md*
 Name of person giving information *Patrick Thomas* How related to deceased *Cousin*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*By hanging**157*

How long

Immediate

Broken neck

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

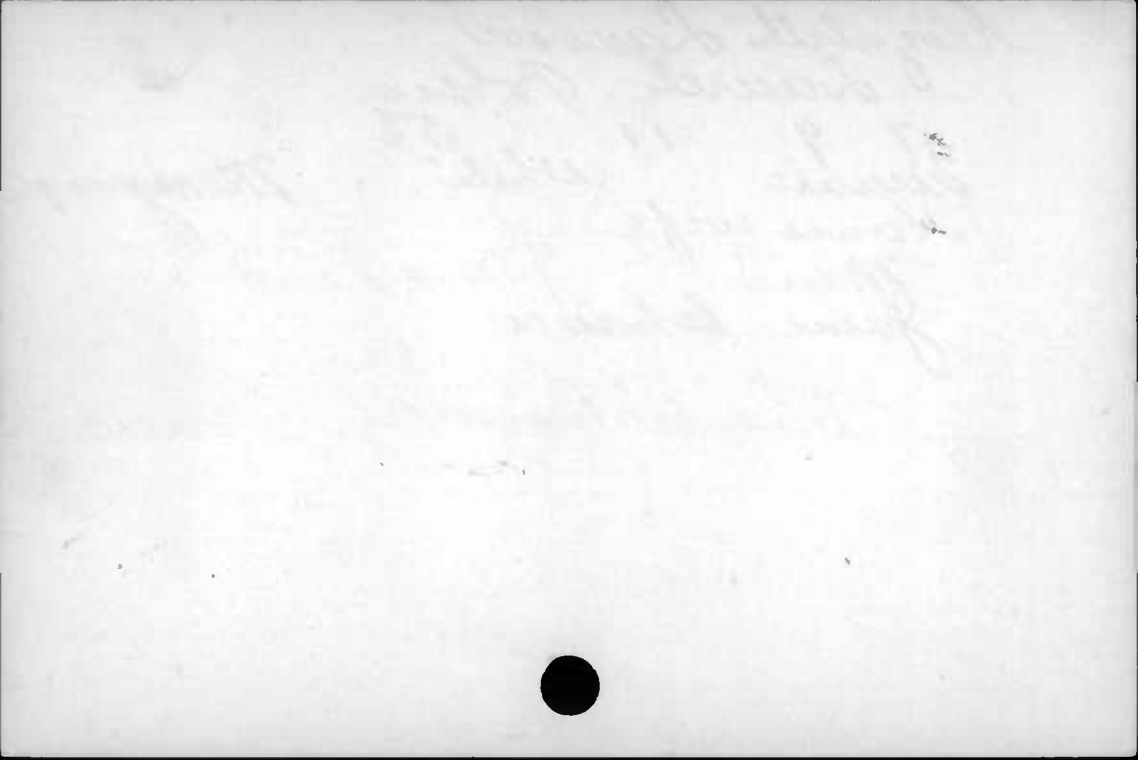
Signature of Physician

Address

*J. Alfred Ridgely, Jr.
Coroner*

Accident or Suicide?

*Suicide**Wm Marlboro, Md -*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

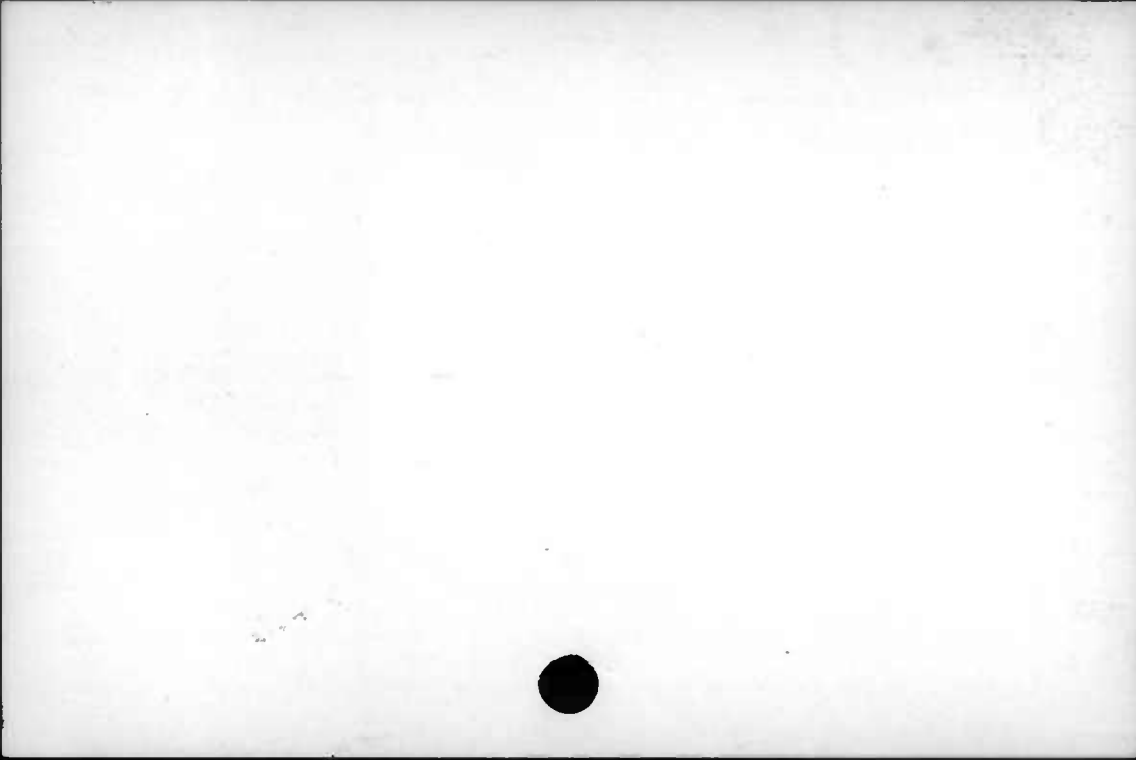
Name in Full <i>Elizabeth Landon</i>		Town <i>Laurel</i>		County <i>Bolton</i>		State <i>MARYLAND</i>	
Died at <i>Laurel</i>		Date of death <i>1907</i>		Age <i>58</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Montgomery Co.</i>		Days <i>11</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Laurel</i>		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Landon</i>	
Father's Name <i>James Landon</i>		Father's Birthplace <i>Ind</i>		Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>	
Name of person giving information <i>Chas. W. Boorell</i>		How related to deceased <i>Son in Law</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>one year</i>
Immediate <i>Hemorrhage</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Taylor</i>
	Address <i>Laurel Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Elvin Augusta Landon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Switland</u> Town		<u>Pr Geo Co</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>Sept.</u>	Day <u>8th</u>	Years <u>68</u>	Months <u>3</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Eastern Shore, Md.</u>	
Occupation <u>Dairyman</u>		Where Residing if not at place of death <u>At Home</u>			
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>Margaret A. R. Landon</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Eastern Shore Md.</u>			
Mother's Maiden Name <u>Anne M. Riggins</u>		Mother's Birthplace <u>Eastern Shore</u>			
Name of person giving information <u>Anna M. Landon</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Natal degeneration, Anosmia, General debility.</u>	How long <u>Seven or eight months</u>
Immediate	<u>Cardiac & Respiratory exhaustion</u>	How long <u>about four hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Arthur M. Meloy, M.D.</u>
		Address <u>Good Hope, D.C.</u>
Accident or Suicide? <u>No</u>		

Dr. Mohant.
Met. R.R.

Name
in
Full

Lucy Leigear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

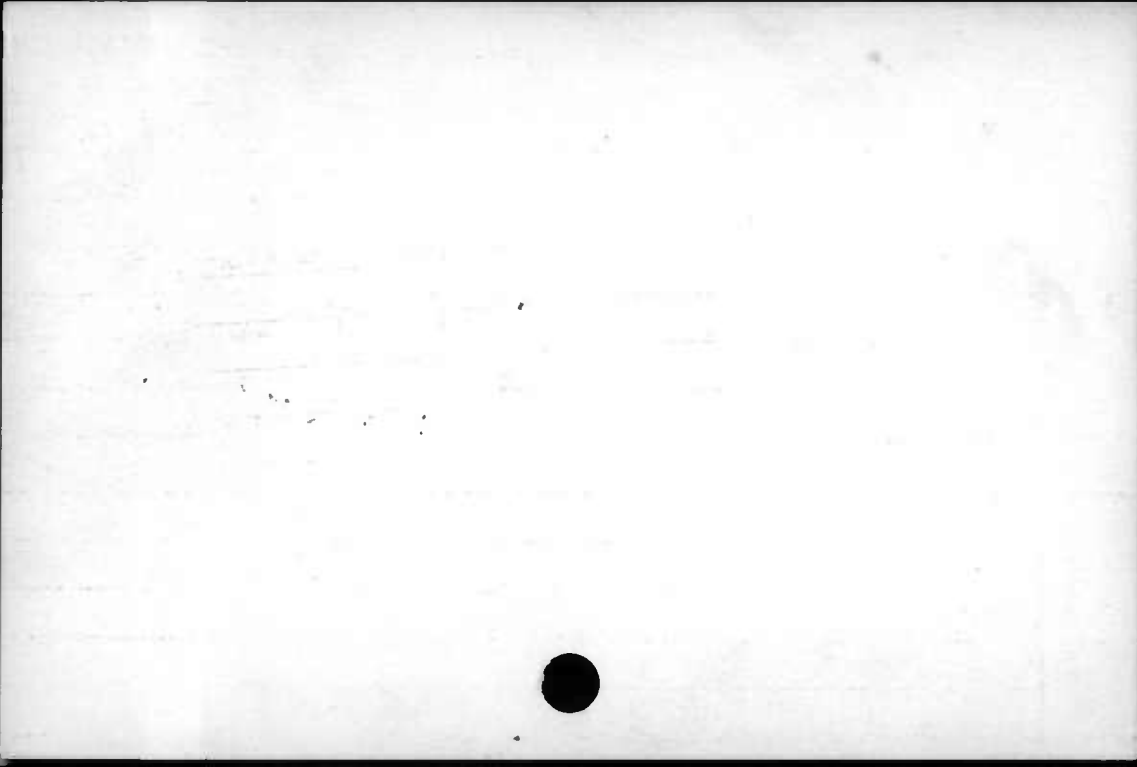
Died at		Town <i>Laurel</i>		County <i>Prince George</i>		MARYLAND	
Date of death	190	Month <i>Sep.</i>	Day <i>15</i>	Age	Years <i>27</i>	Months <i>6</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>A.A. Co., Md.</i>
Occupation	<i>For Lady</i>		Where Residing if not at place of death		<i>Laurel</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>John Leigear</i>		
Father's Name	<i>Horace Wellford</i>		Father's Birthplace		<i>Virginia</i>		
Mother's Maiden Name	<i>Mary Leigear</i>		Mother's Birthplace		<i>A.A. Co. Md.</i>		
Name of person giving In formation	<i>Emma Ridgely</i>		How related to deceased		<i>Sister in law</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculous Pulmonary</i>	How long	<i>2 years</i>
Immediate	<i>asthonia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. F. Taylor</i>
		Address	<i>Laurel Md</i>
Accident or Suicide?	<i>9</i>		



Name
in
Full

Sarah A Floyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

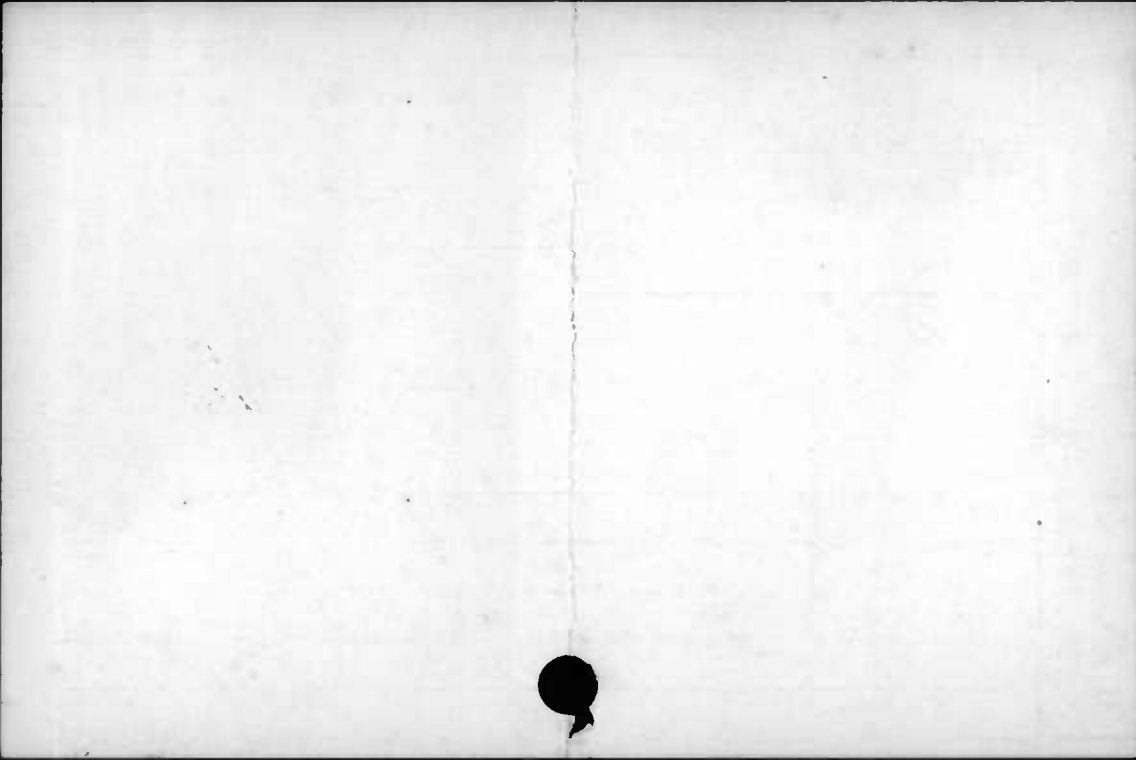
Died at		Town <i>Bowie</i>		County <i>Prince George</i>		MARYLAND	
Date of death		190 <i>7</i>	Month <i>September</i>	Day <i>15</i>	Age <i>67</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Augustus Lloyd</i>					
Father's Name <i>Theodore Middleton</i>		Father's Birthplace <i>Anne Arundel</i>					
Mother's Maiden Name <i>Elizabeth De Bruns</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Hannie B Lloyd</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary	<i>Uterine Tumor.</i>	How long	<i>one year.</i>
Immediate	<i>Convulsion, Coma.</i>	How long	<i>14 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Nelson D. Lyons</i>	
		Address <i>Bowie</i>	
Accident or Suicide? <i>no</i>		<i>md</i>	



Name
in
Full

Ella Lovelace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town Laurel		County Prince Geo.		MARYLAND	
Date of death		1907	Month 9	Day 7	Age 27	Years —	Months —
Sex Female		Color or Race White		Birth-place Md			
Occupation Housewife				Where Residing if not at place of death			
Married, Single Married		Name of Wife or Husband Allen Lovelace					
Father's Name John Whitehead		Father's Birthplace A.A.Co.					
Mother's Maiden Name Amanda Merson		Mother's Birthplace A.A.Co.					
Name of person giving information John Whitehead		How related to deceased Brother					

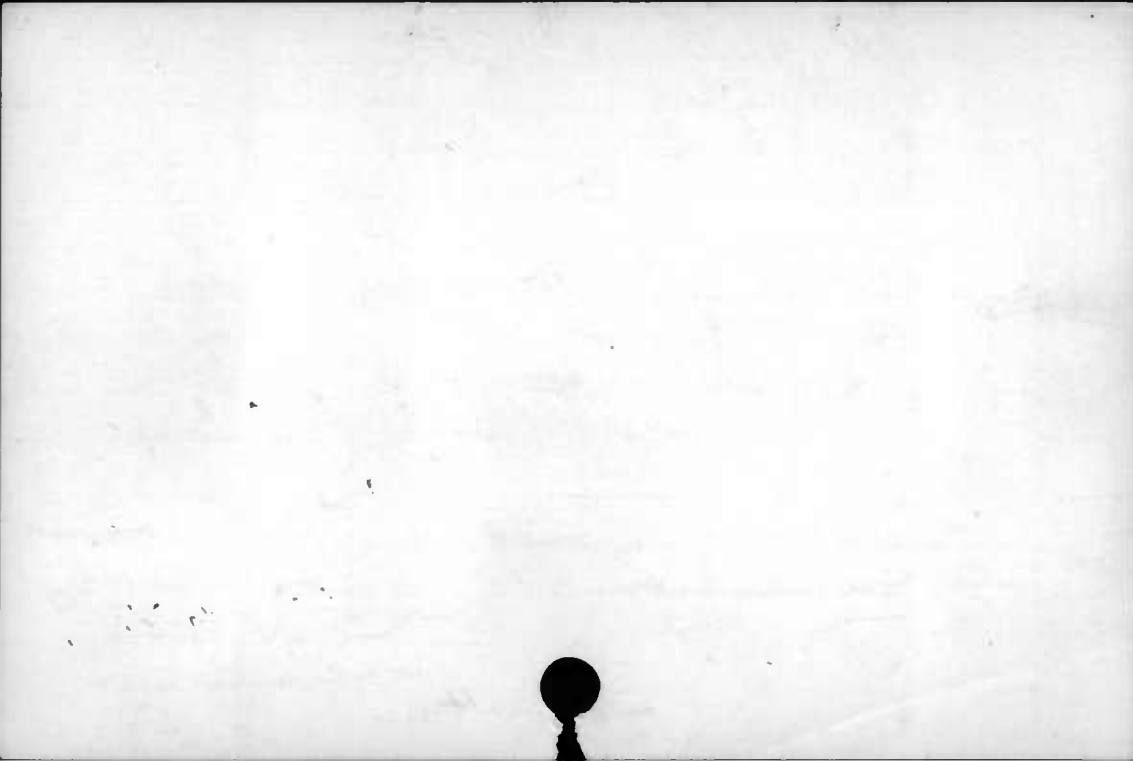
Traumatic

CAUSES OF DEATH

Primary	Septicæmia she had (20)	How long	5 days
Immediate	— Spick of her face.	How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician W.F. Taylor
		Address Laurel Md
Accident or Crime? 		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

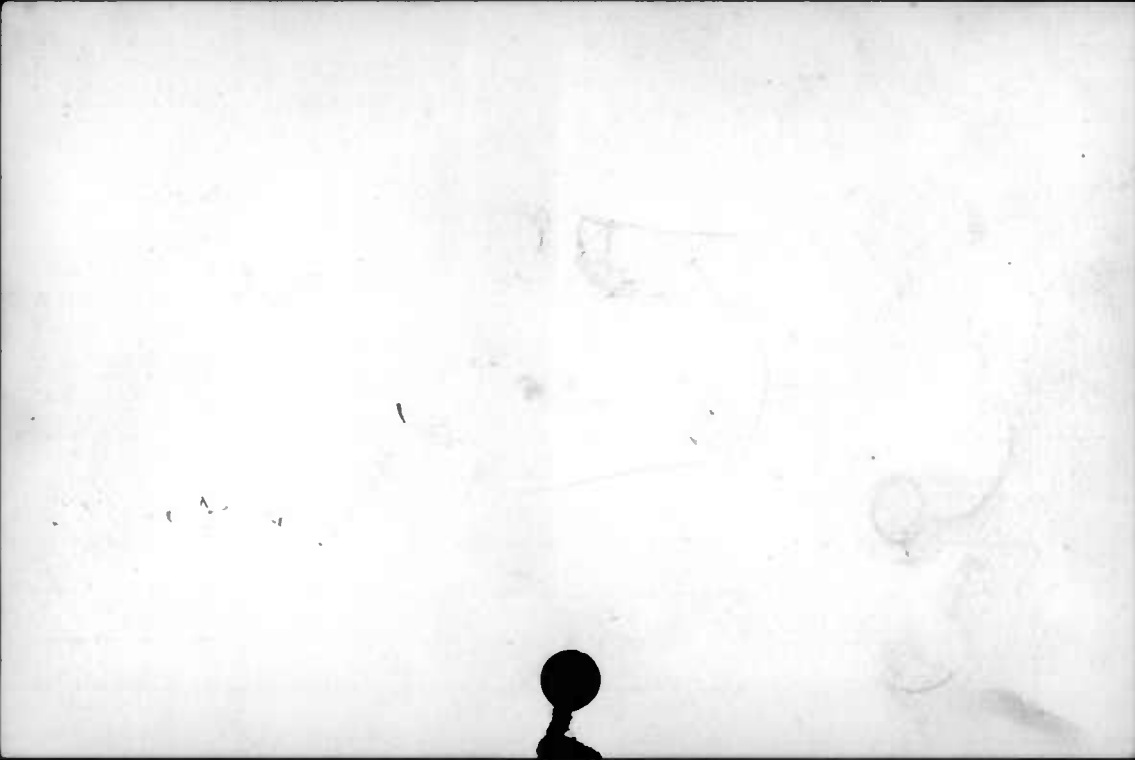
Died at <i>Hyattsville</i> ^{Town} <i>Prince Geo.</i> ^{County}		MARYLAND	
Date of death <i>1904</i> ^{Month} <i>Sept</i> ^{Day} <i>21</i>	Age <i>58</i> ^{Years}	<i>4</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>D.C.</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Margurite Matthews</i>		
Father's Name <i>Don't know</i>	Father's Birthplace <i>D.C.</i>		
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>D.C.</i>		
Name of person giving information <i>Thurman Matthews</i>	How related to deceased <i>son</i>		

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary <i>Cancer of tongue</i>	How long <i>Six months</i>
Immediate <i>Inanition</i>	How long <i>Six weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Willis</i>
	Address <i>Hyattsville</i>
Accident or Suicide? <i>No</i>	<i>Dead</i>



Name
in
Full

Mary J. Prince

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

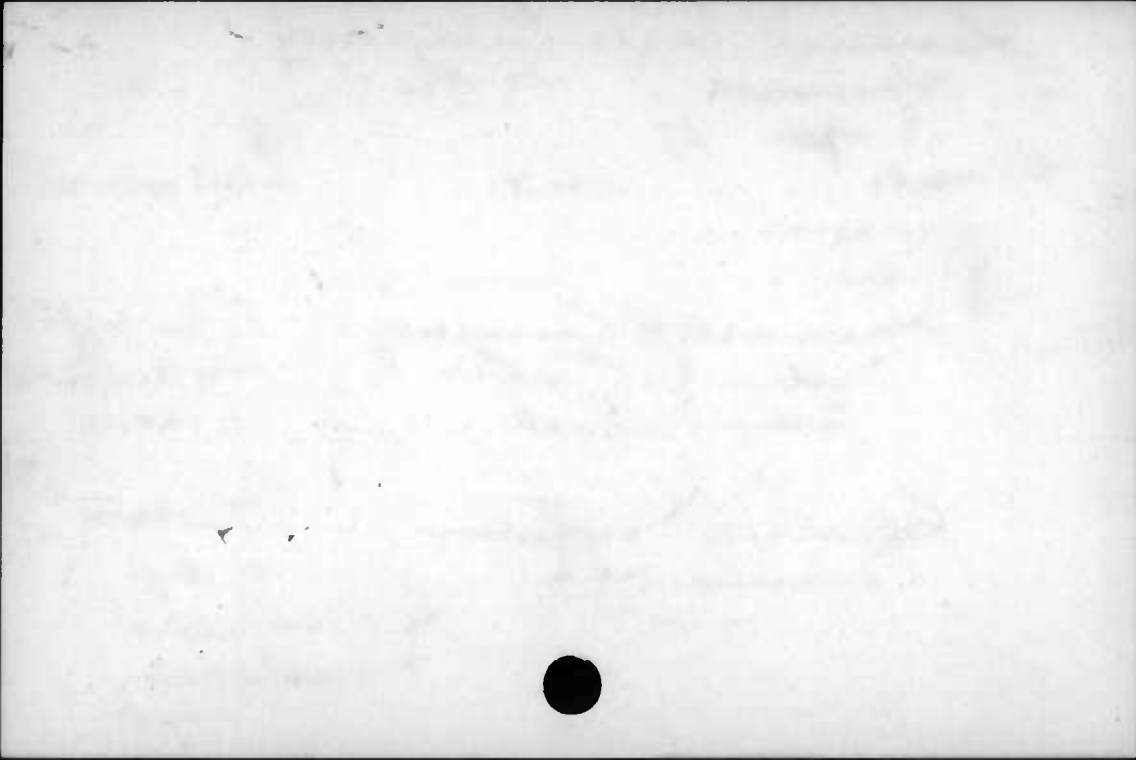
Died at <u>Bentwood</u> <small>Town</small>		<u>P. S.</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>21</u>		Age <u>28</u> <small>Years</small>		<u>8</u> <small>Months</small>	<u>3</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>N. J.</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Bentwood</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George F. Prince</u>				
Father's Name <u>Jemmel E. Miller</u>	Father's Birthplace <u>N. J.</u>				
Mother's Maiden Name <u>Martina Gregory</u>	Mother's Birthplace <u>N. J.</u>				
Name of person giving information <u>Joseph S. Haab</u>		How related to deceased <u>Brother in Law</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 years</u>
Immediate <u>Asphyxia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John S. Gray</u>
	Address <u>20 & R. 9. Ave. N.E., Washington D.C.</u>
Accident or Suicide?	



Name
in
Full

Samuel Earle Humphrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Fogottsville</i>		^{County} <i>Pr Geo</i>		MARYLAND	
Date of death	1907	Month	<i>Sept</i>	Day	<i>27</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Months	<i>11</i>
Occupation	<i>none</i>	Birth-place	<i>Washington D.C.</i>	Years	<i>22</i>
Where Residing if not at place of death					
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband	<i>none</i>		
Father's Name	<i>Samuel A. Humphrey</i>		Father's Birthplace	<i>Pr Geo Co Md</i>	
Mother's Maiden Name	<i>Ellen E. Matris</i>		Mother's Birthplace	<i>Washington D.C.</i>	
Name of person giving information	<i>Thos E. Walker</i>		How related to deceased	<i>brother</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>7 weeks</i>
Immediate	<i>Peritonitis</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. E. Willis</i>	
		Address	
		<i>Fogottsville</i>	
Accident or Suicide?			
		<i>Md.</i>	



Name
in
Full

Thomas E. Seger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

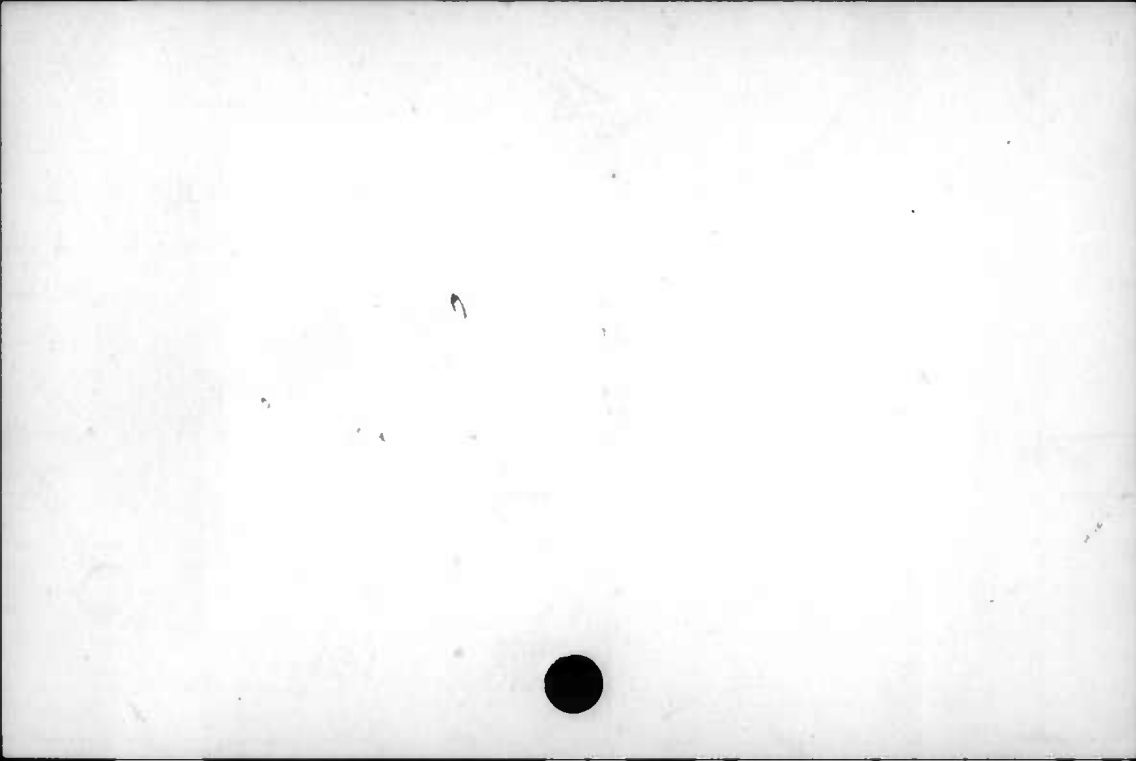
Died at		Town Westwood		County Pr George		MARYLAND	
Date of death		Month 9	Day 21	Years 75	Months —		Days —
Sex male		Color or Race white		Birth-place at Sea			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband Anne Myriah Watson					
Father's Name Don't know		Father's Birthplace Kentucky					
Mother's Maiden Name Don't know		Mother's Birthplace Ohio					
Name of person giving information John Richards		How related to deceased Son in Law					

CAUSES OF DEATH

82

PHYSICIAN
OR CORONER

Primary	Thrombosis	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. H. Gibbon
		Address Croom md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

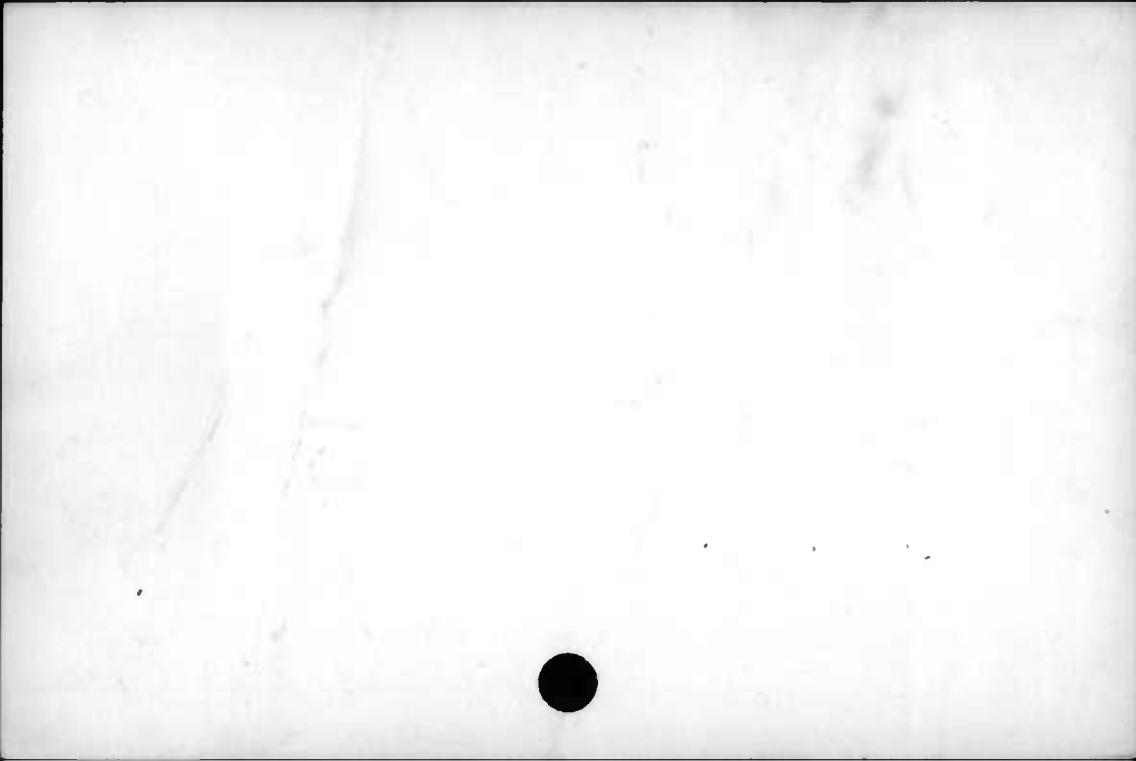
Died at <i>Mitchelville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>190</i> ^{Year}	<i>Sept.</i> ^{Month}	<i>10th</i> ^{Day}	Age <u> </u> ^{Years}	Months <u> </u> Days <u> </u>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <i>Thomas Sheppard</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Robinson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Thomas Sheppard</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

S

PHYSICIAN
OR CORONER

Primary	<i>Still born infant</i>	How long <u> </u>
Immediate		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Henry J. Hunt</i>
		Address <i>Har P. G. Co.</i>
		<i>Maryland</i>
Accident or Suicide? <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Broome Station P. O. Co.</i>		Town <i>Broome Station</i>		County <i>P. O. Co.</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth place <i>Md</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>						
Married , Single		Name of Wife or Husband <i>—</i>					
Widowed							
Father's Name <i>F. W. Simms</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Lula Diggs</i>	Mother's Birthplace <i>Md</i>						
Name of person giving information <i>F. W. Simms</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

Primary

Don't know

How long

How long

1 wk

Immediate

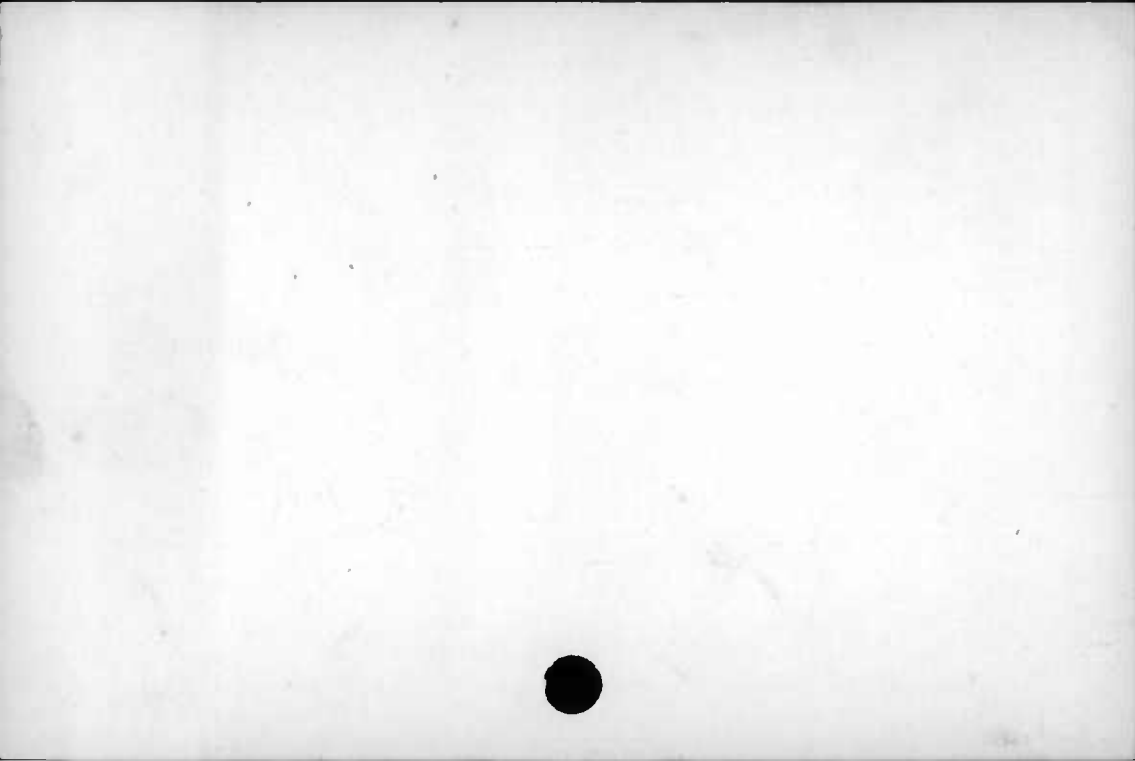
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. C. Lambury
Forestville (H.A.)
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Matilda M. Sprigg* Town *Mitchellville* County *J. P. Es.*
 Died at *Mitchellville*
 Date of death *1907* Month *Sept* Day *13* Age *—* Years *—* Months *4* Days *—*
 Sex *Female* Color or Race *Colored* Birth-place *Md*
 Occupation *None* Where Residing if not at place of death *—*
 Married, Single *Single* Name of Wife or Husband *—*
 Father's Name *Wm. H. Sprigg* Father's Birthplace *Md*
 Mother's Maiden Name *Matilda Wilson* Mother's Birthplace *Md*
 Name of person giving information *Wm. H. Sprigg* How related to deceased *Father*

CAUSES OF DEATH

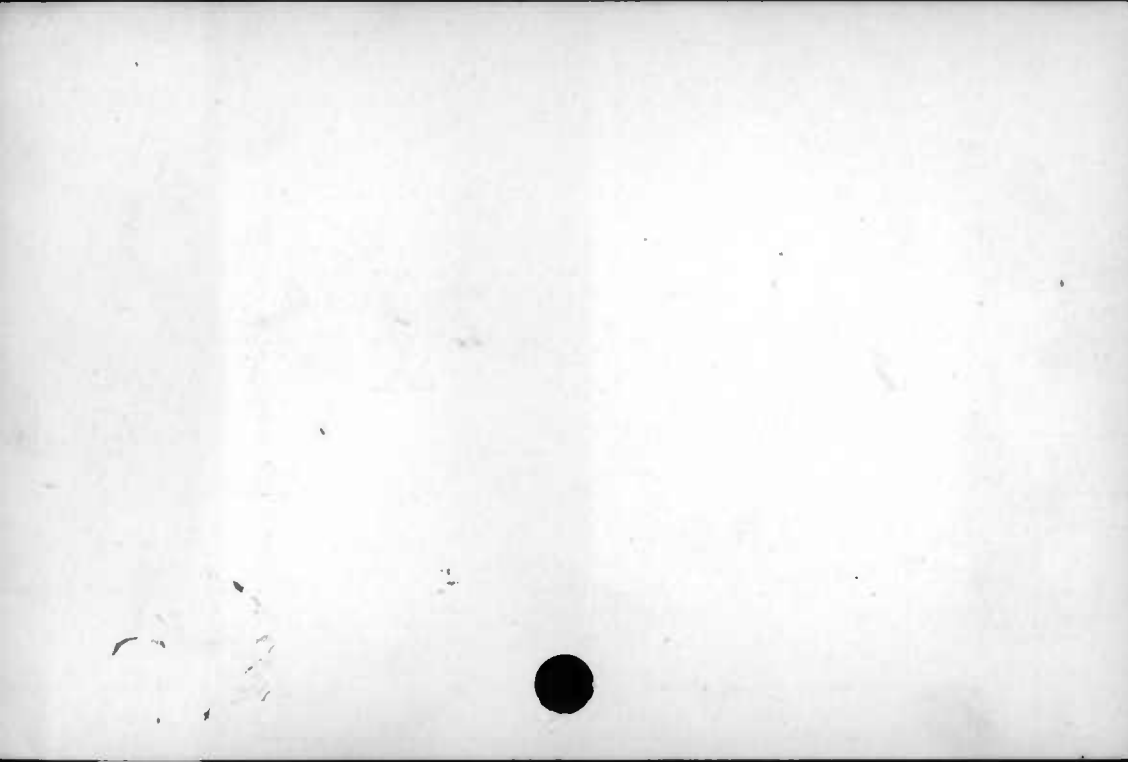
1179

PHYSICIAN
OR CORONER

Primary *Don't know* How long *3 da*
 Immediate *—* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *J. C. Samsbury*
 Address *Forestville*
 Accident or Suicide? *—* *H. A.* *Md*



Name in Full		Eliza Rebecca Lippett				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cedarville</i> Town		<i>Pr. Gen</i> County		MARYLAND		
		Date of death <i>1907</i>	Month <i>Sept-</i>	Day <i>27</i>	Age <i>57</i> Years	<i>6</i> Months	<i>16</i> Days	
		Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co Md</i>			
		Occupation <i>Housewife</i>	Where Residing if not at place of death					
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Samuel E. Lippett</i>					
		Father's Name <i>Mr Callerton</i>	Father's Birthplace <i>Md</i>					
		Mother's Maiden Name <i>Emily Sophia Watson</i>	Mother's Birthplace <i>Md</i>					
		Name of person giving information <i>S. E. Lippett</i>	How related to deceased <i>Husband</i>					
		CAUSES OF DEATH			(40)			
PHYSICIAN OR CORONER		Primary <i>Cancer of Liver</i>		How long <i>6 mo.</i>				
		Immediate <i>As the liver</i>		How long				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John A. Cor</i>				
				Address <i>213, Md</i>				
		Accident or Suicide? <i>9</i>						



Name in Full		Thomas William Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Chestwood		^{County} Pr George		MARYLAND	
		Date of death 1907		Month Sept		Day 27	
		Age 80		Years		Months	
		Sex male		Color or Race colored		Birth-place Maryland.	
		Occupation farming		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed widowed		Name of Wife or Husband Ida Hall			
		Father's Name Alfred Hall		Father's Birthplace Maryland			
		Mother's Maiden Name Matilda Hawkins		Mother's Birthplace Maryland			
		Name of person giving information Mack Hall		How related to deceased son			
		CAUSES OF DEATH				(29)	
PHYSICIAN OR CORONER		Primary Consumption of Stomach		How long don't know			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Ernest Garner		Address actg Coroner Northkeys 2nd	
		Accident or Suicide? 9					

5



Name
in
Full

Pearl Elmore Waller

CERTIFICATE OF DEATH

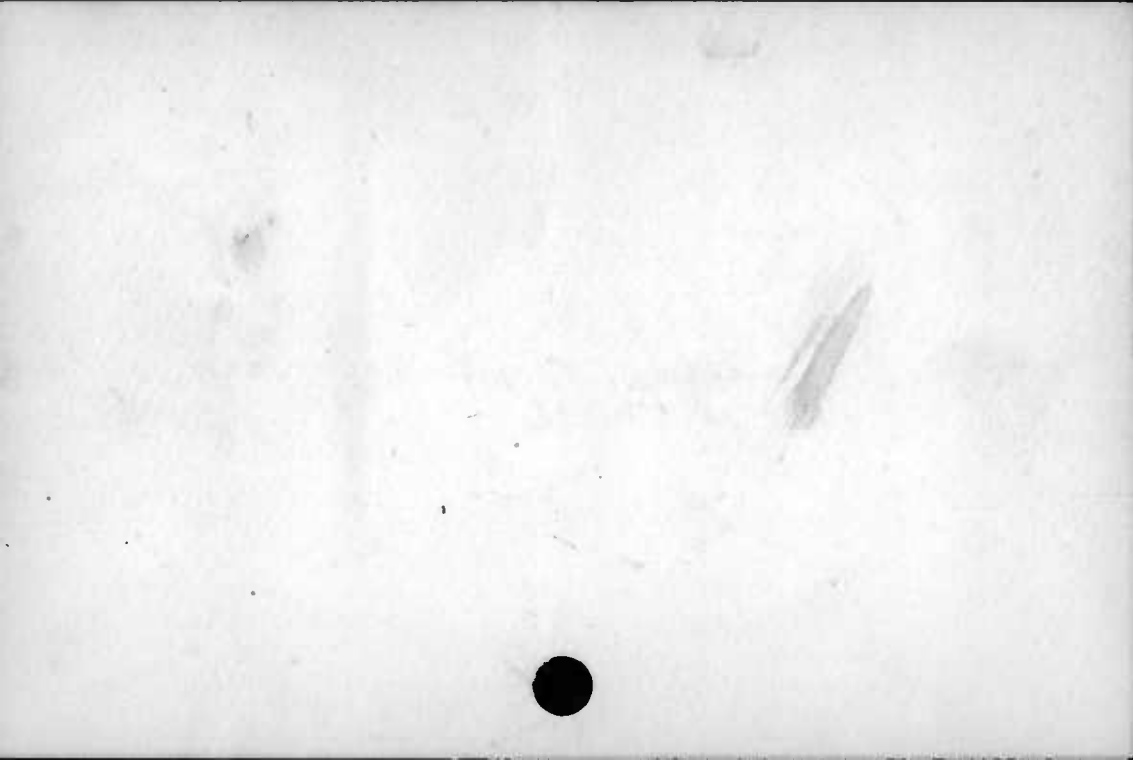
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i>		<i>Pt</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>3</i>	Age <i>4</i>	Months <i>x</i>	Days <i>x</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Bladensburg</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>x</i>			
Married? Single <i>x</i>		Name of Wife or Husband <i>x</i>			
Father's Name <i>Walter Waller</i>		Father's Birthplace <i>Mont Know</i>			
Mother's Maiden Name <i>Edna Harris</i>		Mother's Birthplace <i>Mo</i>			
Name of person giving information <i>Edna Harris</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Willis</i>
<i>no</i>	Address <i>Hyattsville</i>
Accident or Suicide? <i>no</i>	<i>Mo</i>



Name
in
Full

Theodore G. Weddington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Tuxedo		County Prince Georges		MARYLAND	
Date of death	1907	Month Sept	Day 16	Age 19	Years 19	Months X	Days X
Sex	Male		Color or Race	White		Birth-place	Baltimore
Occupation	Unknown			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information						How related to deceased	Father

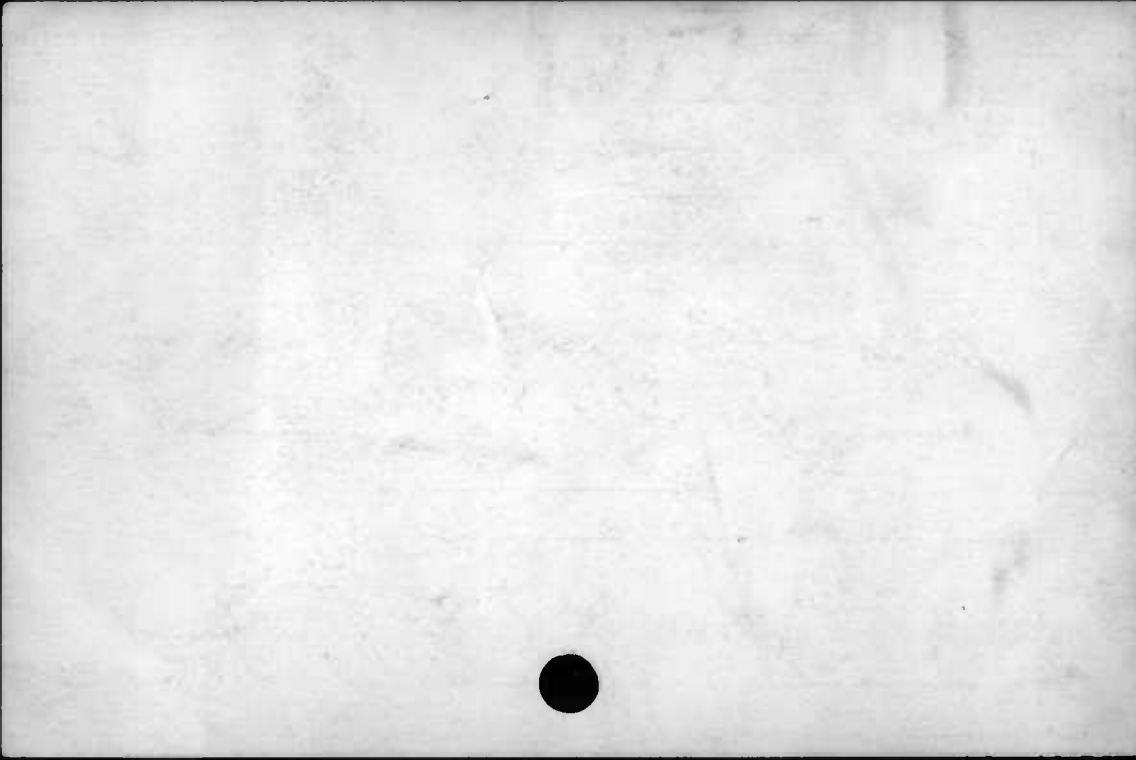
CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Kill on RR	How long
Immediate	Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	Accident	

Buy. H. Cross
Coroner
Seabrook MD



Name
in
Full

Louvinia Hood

CERTIFICATE OF DEATH

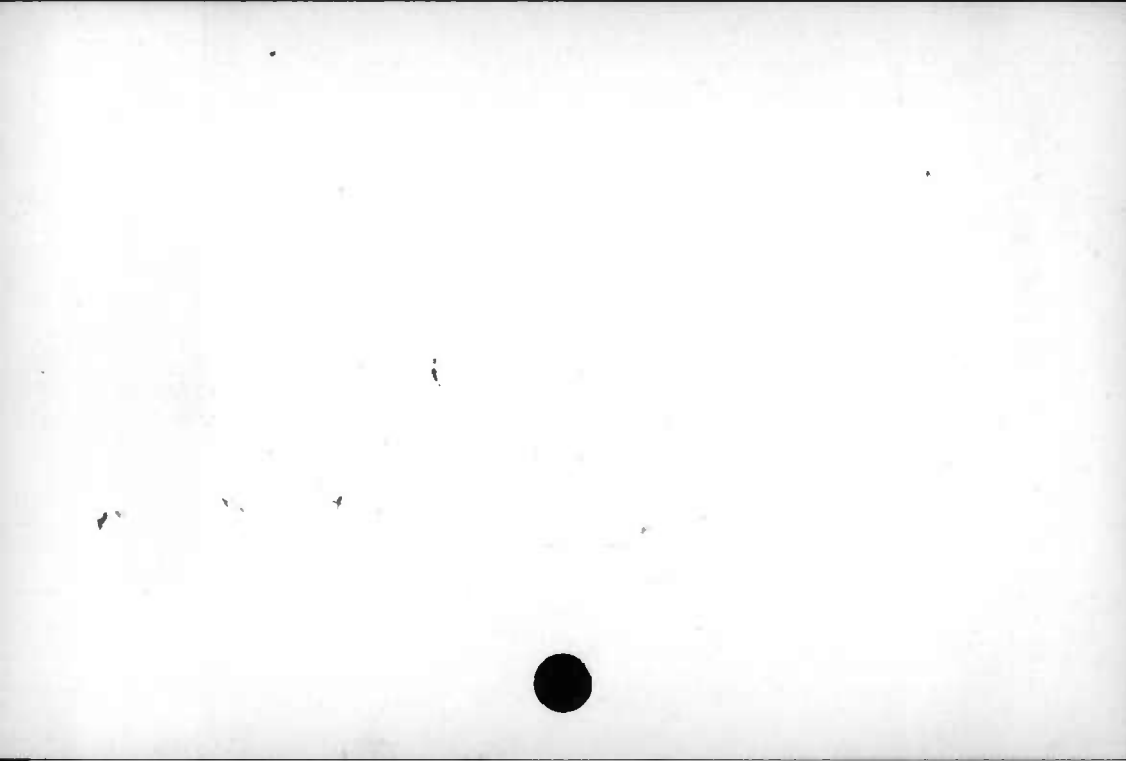
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Collington</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Sept.</i> ^{Day}	<i>26th</i> ^{Years}	<i>5</i> ^{Months}	<i>26</i> ^{Days}
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birthplace	<i>Maryland</i>
Occupation	<i>House work</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>_____</i>		
Father's Name	<i>Nathaniel Hood</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Eleanor Lee</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Nathaniel Hood</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	<i>(27)</i>	How long	<i>about 2 years.</i>
Immediate	<i>Apoplexy</i>		How long	<i>6 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Henry J. Stiebel</i>	
		Address	<i>Stael, P. G. Co. Md.</i>	
Accident or Suicide?	<i>9</i>			



Name
in
Full

Marie Antoinette Yost

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		9	21			3	
Sex	Gender	Color or Race	White	Birth-place	Md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Lucinda M. Yost				Mother			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	3 mo
Immediate	Cholera Infantum	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Reverdy Sasser	
		Address	
		Up. Marlboro Md	
Accident or Suicide?			

